NOTIFICATION FOR PUBLIC SCHOOL EXEMPTION CERTIFICATE SDCL 13-27-3

Per SDCL 13-27-7. Notice must be filed annually

Per SDCL 13-27-2, As soon as a family files this notification, it immediately becomes effective. No approval action is required by the school board.

PLEASE PRINT OR TYPE LEGIBLY - ITEMS 1-14 MUST BE COMPLETED BY PARENT/GUARDIAN

Public School District				School Year 20		20	
2. Parent(s) or Gu	ıardian				4 City		·
5. Address			6 State	7 7in	4. City		
8 Phone			Fmail	7. Zip _			
9. School Location	n: HOME	OTHER (Desc	cribe 'Other'- exa	mple: Group / O	rganization / Chu	urch, etc)	
10. Address							
11. Phone 12. Instructor Nan	00(0):						
13. List each child		ving alternative	nstruction:				
	AME – Last / I			Gender M/F	Date of Birth MM/DD/YYYY	Grade	*Testing Year Y/N
L* Per SDCL 13-27-							
a. A certified copy b. Affidavit in lieu c. Provide an affic notification is the s affirming affidavit)	3.1 parent(s)/guar y of the child's bir of the birth certific davit notarized or same person apports Parent(s)/Guard	th certificate, wit cate as issued by witnessed by tw earing on the ch	hin 30 days of in y the Departmen o or more people ild's certified birtl	itial enrollment of t of Health; OR s, swearing or aft h certificate. (Se	or excuse; OR firming that the c e the reverse sid	hild identif e of this a	ied on the pplication for
	Mitnagaga						
OR	witnesses						
STATE OF SOUT	H DAKOTA)						
STATE OF SOUT	}SS						
COUNTY OF	}						
On this, the appeared within instrument,	_ day of kno kno and acknowledge	, 20 own to me or sat ed that he/she/th	_, before me, _ isfactorily prover ey executed the	n to be the perso	, the und on(s) whose name ses therein conta	dersigned e(s) is/are ined.	officer, personally subscribed to the
In witness whereo	of, I here unto set	my hand and off	icial seal.				
Signature:							
Title:							
My Commission E	Expires:						
			* * * * * * * *	* * * * *			
Confirmation of re	eceipt by the distric	ct (not required t	or approval)				
- January Control of to	. Joseph Dy trio Glotti	or (not roquirou)	J. apploval)	District	Representative		

Parent/Guardian Instructions: Submit the completed form to the public school district office where you reside.

School District Instructions: Send one copy of this notification to SD Department of Education 800 Governors Dr. Pierre, SD 57501. Provide one copy to parent / guardian.

AFFIDAVIT OF AFFIRMING

The following affidavit has been either notarized or witnessed by TWO or more witnesses, swearing or affirming that the child(ren) identified on the attached notification for excuse is the same person appearing on the child's certified birth certificate.

Parent(s) / Guardians		
First Witness		
		
Second Witness		

SIGNATURES